

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19797

FILED JUL 13 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6073

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 4561 McPherson Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

Mary E. Leahy

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife David P. Leahy 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 22nd., 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 0 9 hr. min.

9. Birthplace Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Thomas J. Horan  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Julia O. Connell  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. David P. Leahy  
(b) Address 4561 McPherson Ave.

17. (a) Burial (b) Date thereof 7-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Private

18. (a) Signature of funeral director Richard J. Donnelly  
(b) Address 3840 Lindell Blvd.

19. (a) JUL 2 1943 (b) J. D. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 4561 McPherson Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st. year 1943 hour 8 minute 45 p.m.

21. I hereby certify that I attended the deceased from Nov 12 to July 1, 1943  
that I last saw her alive on June 30, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 77

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Carl J. Re. (M. D. or other) \_\_\_\_\_  
Address Humboldt Bldg. Date signed 7/2/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*William Matre*

Licensed Embalmer No.....

*2825*

P. O. Address.....

*4340 Lafayette*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**